ECBH Waiver Implementation

DHHS Waiver Advisory Committee

April 18, 2012

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Topics

- Pre-Waiver Activities
  - Hiring
  - IT Systems
- Stakeholder Communication
- Provider Contracting
  - “Soft Start”
- First 2 Weeks
- Lessons Learned To-Date

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Implementation Budget

- DHHS required all key positions to be hired and in place at least 60 days prior to implementation
- ECBH Board approved expenditure of up to $6.9 M in fund balance for Waiver start-up; actually expended ~ $4.2 M
- Hiring was done in 3 phases, beginning in August 2011
  - Department heads and Medicaid Contract Manager
  - Manager level positions and ½ of care coordinators
  - Remaining positions

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Hiring

- Have hired 94 new staff; many existing employees now in new roles
- Numbers by Department:
  - Administration – 5
  - Finance/Claims/IT – 11
  - Provider Network Operations – 12
  - Quality Management – 10
  - Utilization Management – 11
  - Care Coordination – 39
  - Call Center - 6

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IT Systems

- Implemented Great Plains accounting software effective July 1, 2011.
- Implemented CI Enterprise managed care software effective October 8, 2011
  - Began processing IPRS claims through CI in October
  - IPRS processing more challenging than Medicaid because not all edits can be programmed into the local system – target pops, payment hierarchy, etc.
  - Have now fully processed all IPRS claims and have had 1 successful Medicaid check write.

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Stakeholder Communication

- 3 Town Hall meetings in June to introduce Waiver
- Monthly Forum calls beginning in August targeted to specific audiences/subjects:
  - CABHA Clinical/Medical Directors
  - Provider CEOs
  - Claims/IT/Finance
  - IDD Providers
  - IDD TCM
  - ICF-MR
  - LIPs
  - MH/SA Providers
  - MH/SA TCM
  - QM/Training

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- 6 “Listening Session” in October to discuss provider quality standards
- 3 Provider Orientation Sessions beginning in January
- 12 IDD-specific trainings in February – providers and consumers/families
- 3 UM Trainings
- 3 QM Trainings
- System of Care staff discussed at every Community Collaborative meeting
- Special “Waiver 101” training for DSS staff
- 28 Benefit Array webinars for provider staff

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- 39 Provider Direct trainings
  - 10 more scheduled in April
- Waiver discussions at each CFAC Meeting
- Created External Committees with Provider and CFAC representatives, as appropriate
  - Provider Network Council
  - Global Quality Improvement Committee
  - Clinical Advisory Committee
  - Credentialing Committee
- ECBH letter to all Medicaid enrollees to offer additional information - timed to coincide with DMA letter

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Provider Contracting

- Have contracted with 302 providers
  - All State facilities
  - 17 Hospitals
  - 16 ICFs/MR
  - 83 Physicians
  - 459 Other Licensed Professionals
  - 64 Independent practitioners; many other group practices
  - 30 CABHAs

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RFPs

- Issued RFPs for services required by the Waivers:
  - Community Guide
    - ARC of NC, RHA, UCP/ES, A Caring Heart
  - (b)(3) Respite
    - ResCare, Solid Foundations, RHA, UCP/ES
  - Peer Support
    - ResCare, RHA, Recovery Innovations, LeChris
  - Agency with Choice
    - UCP/ES, ResCare

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"Soft Start"

- # 1 Commandment – PAY PROVIDERS!!!
- No requirement for prior authorization in the system to be paid for April for MH/SA and April and May for Innovations.
- Honoring all previously authorized services by ValueOptions and Eastpointe
- Will do post-payment reviews to ensure that providers abided by limits of previous authorizations.
- Will review repeat authorizations in subsequent months for MH/SA services initiated in April to ensure medical necessity

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First Two Weeks

- Actually, it's been pretty quiet!
- Hearing from a few providers who had resisted every attempt to solicit an application until we had actually gone live – honoring those applications if they are serving consumers
- Average claims processing time for 1st check write = 7.79 days
- Call volume in the Call Center finally decreasing

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Lessons Learned

- Cannot begin contracting process too early. We started in October, and applications continue to dribble in.
- Recipient notice letter generated a ton of calls – most callers misunderstood letter. We were unprepared for the volume and had a rough 1-1/2 weeks. Have made suggestions on modified wording to DMA.
- It helps to tailor provider training to specific types of providers. Hospitals don't want to hear CABHA issues, LIPs don't want to hear agency issues, etc.
- Challenge to reach everybody, especially consumers and families

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Questions?

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